

WENT TO STATE PRISON

PLAINTIFF/PETITIONER/MOVANT'S NAME

ROBERT T. FORTÉ

PRISON NUMBER

6456501

FILED

2008 JUN 17 PM 2:43

CLERK US DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA

PLACE OF CONFINEMENT SAN DIEGO COUNTY JAIL

MAILING ADDRESS RM DEPUTY

ADDRESS

PO BOX 122952

SAN DIEGO, CA 92112-2952

4727 SOLORA AVE Apt 101
SD CA 92113United States District Court
Southern District of California

| | | | | |
|-------------------|-------|----|----|------|
| 2008 | JUN | 17 | PM | 2:43 |
| FILING FEE PAID | | | | |
| Yes | No | | | |
| MOTION TO PROCEED | | | | |
| Yes | No | | | |
| COPIES SENT TO | | | | |
| Court | ProSe | | | |

MR. Robert T. FORTÉ

Plaintiff/Petitioner/Movant

SAN DIEGO COUNTY Sheriff
 SAN DIEGO COUNTY Sheriff Medical Provider
 SAN DIEGO CITY & COUNTY
 Medical Defendant/Respondent

Civil No.

'08 CV 1073 BEN JMA

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

**MOTION AND DECLARATION UNDER
 PENALTY OF PERJURY IN SUPPORT
 OF MOTION TO PROCEED IN FORMA
PAUPERIS**

I, Robert T. FORTÉ

declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to question 2)

If "Yes," state the place of your incarceration SAN DIEGO COUNTY JAIL

Are you employed at the institution? ☐ Yes ☒ No

Do you receive any payment from the institution? ☐ Yes ☒ No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

HENSEL PHELPS, PO Box 0 GREENEY CO. 80632-0710
HENSEL PHELPS CONSTRUCTION CO, MARCH 2006 EST.
27⁰⁰ per hr For the year of 2006 Total INCOME WAS
7500⁰⁰ CAN'T WORK DUE TO MEDICAL REASONS
IN NEED OF HIP REPLACEMENT

3. In the past twelve months have you received any money from any of the following sources?:

- | | |
|---|---|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Rent payments, royalties interest or dividends | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Social Security, disability or other welfare | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| f. Spousal or child support | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| g. Any other sources | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month.

I RECEIVE 20 DOLLARS A MONTH FROM FAMILY FOR LAST
6 MONTH, CAN'T EST. FUTURE, BECAUSE OF FAMILY problems

4. Do you have any checking account(s)? ☐ Yes ☒ No

- a. Name(s) and address(es) of bank(s): N/A
- b. Present balance in account(s): N/A

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☒ No

- a. Name(s) and address(es) of bank(s): N/A
- b. Present balance in account(s): N/A

6. Do you own an automobile or other motor vehicle? ☐ Yes ☒ No

- a. Make: N/A Year: N/A Model: N/A
- b. Is it financed? ☐ Yes ☒ No
- c. If so, what is the amount owed? N/A

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

☐ Yes ☒ No

If "Yes" describe the property and state its value. _____

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

MARQUEE FORTE SON 1000⁰⁰
 JOHUA FORTE SON 1000⁰⁰

DUE TO DISABILITY 2000⁰⁰ IN THE YEAR OF 2006
 THIS YEAR NONE!

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable):

BANK OF AM. UNKNOWN AMOUNT

REV & REC UNKNOWN AMOUNT

Another Debts CHECK TRW

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]):

NONE

11. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses.

Help From Family Member MOM SISTERS CUSON UNCLE

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

6-4-07

DATE

Robert P. Lee

SIGNATURE OF APPLICANT

If you are a **prisoner** you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE
(Incarcerated applicants only)
 (To be completed by the institution of incarceration)

I certify that the applicant Robert T FORTE
 (NAME OF INMATE)

6456501

(INMATE'S CDC NUMBER)

has the sum of \$ _____ on account to his/her credit at _____

(NAME OF INSTITUTION)

I further certify that the applicant has the following securities _____

to his/her credit according to the records of the aforementioned institution. I further certify that **during the past six months** the applicant's *average monthly balance* was \$ _____

and the *average monthly deposits* to the applicant's account was \$ _____

ALL PRISONERS *MUST* ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).

 DATE

 SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

 OFFICER'S FULL NAME (PRINTED)

 OFFICER'S TITLE/RANK

TRUST ACCOUNT WITHDRAWAL AUTHORIZATION
(Incarcerated applicants only)

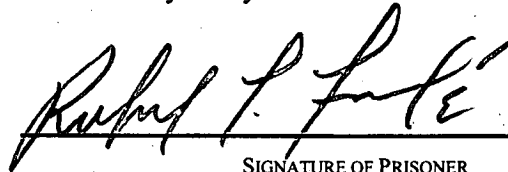
(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, Robert T. Forté #6456501, request and authorize the agency holding me in
(Name of Prisoner/ CDC No.)
 custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either ☐ \$350 (civil complaint) or ☐ \$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

6-4-07
 DATE


 SIGNATURE OF PRISONER

If you are a **prisoner** you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE

(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant

ROBERT T. FORTE

(Name of Inmate)

Booking No. 6456501

(Inmate's CDC Number)

has the sum of \$ **0.00** on account to his/her credit at

SAN DIEGO CENTRAL JAIL

(Name of Institution)

I further certify that the applicant has the following securities ... **NONE**

to his/her credit according to the records of the aforementioned

institution. I further certify that **during the past six months**

the applicant's **average monthly balance** was\$ **\$0.00**

& the **average monthly deposit** to the applicant's account was.....\$ **\$58.83**

ALL PRISONERS **MUST** ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT
STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD
IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).

June 6, 2007

James R. Birdsong

SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

I, the undersigned custodian of records, certify that the attached is a true and correct copy of the original document on file in the Records Division of the San Diego County Sheriff's Department.

SHERIFF OF SAN DIEGO COUNTY

By *Dejane S.* Date *06-06-07*

Lt. James R. Birdsong

OFFICER'S FULL NAME (PRINTED)

Assistant Facility Commander, SDCJ

OFFICER'S TITLE /RANK